

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>22079</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through 12 / 31 / 2004
3. Name and address of person filing. Name Eric J Minton P.O. Box, Bldg., Room No., if any P. O. Box 8264 Street City Honolulu State Hawaii ZIP Code + 4 96830-0264	4. Name, file number, and address of labor organization. Name I. A. T. S. E. Local 665 Labor Organization File Number 012-983 P.O. Box, Building and Room Number, if any Suite 100 Street 949 Kapiolani Blvd. City Honolulu State Hawaii ZIP Code + 4 96814-2128
5. Position in labor organization. Secretary-Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any) Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions)		
Signed <u></u>	On <u>08/12/2005</u> Date	<u>(808) 947-5147</u> Telephone Number

Name of Person Filing Eric Minton	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name None</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Local 665 Health & Welfare Fund</p> <p>Trade Name, if any: c/o Group Plan Administrators, Inc.</p> <p>P.O. Box, Bldg., Room No., if any PH4</p> <p>Street 222 South Vineyard Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96813</p>	<p>11.a. Nature of such dealing.</p> <p>01/13/04 Board of Trustee Meeting, Cadinha & Co., LLC</p> <p>04/13/04 Board of Trustee Meeting, Smith Barney</p> <p>07/13/04 Board of Trustee Meeting, Group Plan Administrators, Inc.</p> <p>10/26/04 Board of Trustee Meeting, Cadinha & Co., LLC</p> <p>11.b. Approximate dollar value of such dealing. \$107</p> <p>12.a. Nature of interest held or income received.</p> <p>International Foundation Conference - New Orleans</p> <p>10/31/04-11/03/04</p> <p>Attached Report From Administrator</p> <p>12.b. Amount. \$488</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name None</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment</p> <p>None</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment \$0</p>

Name of Person Filing Eric Minton	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Local 665 Annuity Fund</p> <p>Trade Name, if any: c/o Group Plan Administrators, Inc.</p> <p>P.O. Box, Bldg., Room No., if any PHS</p> <p>Street 222 South Vineyard Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96813</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>International Foundation Conference - New Orleans 10/31/04-11/03/04</p> <p>12.b. Amount. \$138</p>

Local 665 IATSE Trust Funds
Payments for Union Trustee Eric Minton

Payment Date	Payor	Event	Payment Amount
08/18/04	Local 665 IATSE Annuity Fund	IF Conference - New Orleans	\$ 487.89
08/18/04	Local 665 IATSE Health and Welfare Fund	IF Conference - New Orleans	\$ 138.33
01/13/04	Cadinha & Co., LLC	01/13/04 Board of Trustees Meeting	\$ 30.05
04/13/04	Smith Barney	04/13/04 Board of Trustees Meeting	\$ 31.83
07/13/04	Group Plan Administrators, Inc.	07/13/04 Board of Trustees Meeting	\$ 27.50
10/26/04	Cadinha & Co., LLC	10/26/04 Board of Trustees Meeting	\$ 17.91
Total:			<u>\$ 733.51</u>

International Foundation Conference - New Orleans (10/31/04 - 11/03/04)

\$ -	Registration
\$ 287.34	Airfare
\$ 233.88	Train fare
\$ -	Hotel
\$ 105.00	Incidentals
<u>\$ 626.22</u>	Total Trustees Travel Expenses (Amount allocated between Annuity and H&W Funds above)